

PILTON PARISH COUNCIL

Parish Clerk: Helen Richardson
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10 Watts Corner
Glastonbury
BA6 8FD

APPLICATION FOR INTERMENT

Please complete ALL sections

Note: Written application must be received at least TWO FULL working days prior to interment

DECEASED

Full Name: - _____

Home Address: - _____

Place and Date of Death: - _____

Occupation of Deceased: - _____ Age: - _____

INTERMENT ARRANGEMENTS

Date: - _____ Time: - _____ Cemetery: - _____

Name and Address of Undertaker: - _____

Plot Number _____ Depth: Double / Single / Reopen Consecrated/Unconsecrated/Catholic

Total Size of Coffin/Casket including handles:- _____ Denomination:- _____

Officiating Minister:- _____ Chapel Required YES / NO

EXCLUSIVE RIGHT OF BURIAL

Has the exclusive right been purchased:- YES / NO or being purchased YES / NO

Name and Address of Purchaser / Applicant:- _____

Signature:- _____ Date:- _____

FEES INTERMENT

EXCLUSIVE RIGHTS

(IN ADDITION TO INTERMENT FEE)

Adult - Single Depth / Re-open £ ____

Adults £ ____

Adult - Double Depth £ ____

Child (under 10 years) £ ____

Child (under 10 years Single Depth) £ ____

Burial of Casket in Purchased Grave Space £ ____

Child (under 10 years Double Depth) £ ____

Single Depth £ ____

One month or stillborn £ ____

Double Depth £ ____

Total £ ____

Total £ ____

Other fees (if applicable) £ ____

Grand Total Enclosed

£ _____

FOR OFFICE USE ONLY

Burial Register No:- _____ Purchased Grave No:- _____

Plot No: _____ Deed No:- _____

Receipt No:- _____ Date Registered:- _____